

**SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.**  
**Grassy Mountain Facility**  
**Inspection Record**

TYPE: **Daily**  
 FORM: **RD15**

Date of Inspection: _____ Time: _____ AM/PM		PAGE <u>1</u> OF <u>1</u>			
<b>SOLVENT STORAGE TANK SYSTEMS</b>					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT Check the following for proper operation:	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
SOLVENT STORAGE: Tanks out-of-service	1. Manual operating valves	n/a	n/a	n/a	n/a
	2. High level alarms - power source - operating mechanisms - protective overlays - sounding mechanism	n/a	n/a	n/a	n/a
	3. Check valve, piping & pumps	n/a	n/a	n/a	n/a
	4. Discharge controls	n/a	n/a	n/a	n/a
SECONDARY CONTAINMENT:	Inspect area around tank system for evidence of leaking (discoloration, vegetative stress).	n/a	n/a	n/a	n/a
TANK SYSTEMS:	Check liquid level log for entry.	n/a	n/a	n/a	n/a
	Check for evidence of corrosion, deterioration, or leaking (ancillary equipment)	n/a	n/a	n/a	n/a
Inspector's Name: _____ n/a _____ Inspector's Signature: _____ n/a _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>  ENVIRONMENTAL DEPARTMENT CONTACTED: ( ) YES ( ) NO REMEDIAL WORK ORDER ISSUED: ( ) YES WORK ORDER # _____ ( ) NO					